The Post-2015 Agenda: Policy Brief #6

Ending preventable child deaths by reaching the most vulnerable

The issues at a glance

- **World Vision believes that health, particularly of the world's poorest and most vulnerable children, families and communities, must remain central to the post-2015 development framework, as well as to any goals established on sustainable development.**
- **The well-being of children is one of the best indicators of sustainable development and the health of a society.**
- **Water and sanitation, good nutrition, education, household energy access and basic preventive measures at the household and community level are often the most important factors shaping the life chances of children.**

Introduction

Health is at the centre of human survival and development. The Millennium Development Goals (MDGs), established as ambitious targets to improve the lives of people living in poverty around the world, give prominence to the centrality of health in development: three of the eight MDGs specifically address health, and the period since the MDGs were agreed has seen significantly increased attention on global health issues.[1]

The health outcomes related to child and maternal health within MDGs 4 and 5 have seen improvements, but based on progress to date they will not be met by the 2015 deadline. Child mortality declined globally by 42 per cent between 1990 and 2010, from 12 million under-5 deaths in 1990 to a record low 6.9 million deaths in 2011.[2] The reduction in maternal deaths has also been significant, a fall of 47 per cent from an estimated 543,000 in 1990 to 287,000 in 2010.[3]

However, notwithstanding the powerful impact that the MDGs have had in focusing the world's attention on health and development issues, weaknesses with the current set of goals and new and emerging global challenges mean that there will need to be a redefining of priorities for any future goals. As we approach the end date of the MDGs and look towards the post-2015 agenda, we cannot assume that health, and in particular the health of mothers and children, will take a similar place in the next development framework.

World Vision believes that health, particularly of the world's poorest and most vulnerable children, families and communities, must remain central to the post-2015 development framework, as well as to any goals established on sustainable development. The well-being of children is one of the best indicators of sustainable development and the health of a society: research shows that 'a 5 per cent improvement in child survival raises economic growth by 1 per cent per year over the subsequent decade.'[4]

With their community in Chencha, southern Ethiopia, in the grip of drought, this family was supported by World Vision's 'Alive and Thrive' programme. John D McHugh for World Vision

The health needs of vulnerable children, including children living in fragile states, those from the poorest families, children living with HIV, children with disabilities or children without adequate care and protection, demand urgent attention. Achieving long-term improvements in the well-being of the most vulnerable children will require that the next development framework encompass the urgent issues related to health and survival and also conceive approaches that address poverty, reduce inequality and ensure adequate care and protection for all.

What have we learnt from the Millennium Development Goals for health?

The MDGs have been effective in increasing political commitment to health and in generating increased resources from development partners and domestic budgets. The prominence of health-related issues in the MDG framework has resulted in health becoming a key objective of development cooperation and policies. The concrete goals and clear, concise, measurable and time-bound targets have appealed to the general public and have been easy for policy makers to adopt.

Despite their success in galvanising global action on a specific set of health goals, the MDGs have been far from perfect.

World Vision has been a key contributor to the renewed momentum to advocate for a reduction in child and maternal mortality (MDGs 4 and 5) through our Child Health Now campaign and is a staunch advocate within the Every Woman Every Child movement spearheaded by the UN Secretary-General. However, it is clear that many countries – particularly the poorest – will need sustained efforts beyond 2015 even to enable the original goals to be attained. Moreover, as gaps in income level within and between countries persist or even widen, the focus on inequities and their consequences for the health of the most vulnerable children will also become sharper.[5]

The unfinished business of maternal, newborn and child health and nutrition

In many low- and middle-income countries, maternal and child mortality have declined at remarkable rates, and significant progress has been made in combating deaths from preventable diseases such as malaria, measles and HIV and AIDS. Nevertheless, it is clear that many countries will not meet the targets for improving child and maternal health by 2015. Even if MDGs 4 and 5 were to be met, there would still be 4 million preventable child deaths every year, with the majority of these deaths concentrated in the poorest communities and among the most vulnerable children. Too many mothers and children die from largely preventable causes, for instance, during childbirth or shortly after, or due to infectious diseases such as pneumonia, diarrhoea and malaria. Globally, one third of all under-5 deaths are attributable to undernutrition. One in four children worldwide is stunted as a result of chronic undernutrition, with serious and potentially life-long consequences for cognitive development, educational attainment and adult earnings.

Significant recent progress has been made to reduce the impact of HIV on children, with latest estimates showing a 24 per cent decrease in the number of new HIV infections in children in the last two years.[6] But much more remains to be done to reach the goal of eliminating new infections among children by 2015, as well as providing treatment and care for an estimated 3.4 million children living with HIV, who are still only half as likely as adults to have access to life-saving antiretroviral therapy.[7]

The MDG 7 target for improved drinking water has been met, but this still leaves 11 per cent of the world's population – 783 million people – without access to safe water. The MDG target to improve basic sanitation, such as access to latrines and hygienic waste collection, is still far from being met, with nearly half of the population in developing regions – 2.5 billion – still lacking access to improved sanitation facilities. By 2015, the proportion of those with basic sanitation is likely to be 67 per cent, well short of the 75 per cent needed to achieve the MDG target.[8]

The limited focus of the MDGs has caused certain aspects of the underlying determinants of health – those not traditionally within the domain of the health sector – to receive little attention. Water and sanitation, good nutrition, education, household-energy access and basic disease prevention measures at the household and community level are often the most important factors shaping the life chances of children.

Central to all of World Vision's engagement in the post-2015 agenda is the need for an enhanced set of goals framed in terms of universal rights:

- **equity to be placed at the heart of the post-2015 framework so that the most vulnerable are reached**
- **global goals to end absolute poverty and ensure universal access to services**
- **targets to be set at national and sub-national levels to deal with inequality**
- **indicators to incentivise governments to focus their efforts on increasing the well-being of the world's most vulnerable children**
- **involvement of children, families, communities and civil society in holding governments to account on their promises.**

Even if MDGs 4 and 5 were met, there would still be 4 million preventable child deaths every year, with most deaths concentrated in the poorest communities and among the most vulnerable children.

The basic determinants of good health – air, water, food and shelter – are in too short supply for many children today, and their absence imposes a significant share of global childhood morbidity and mortality.

Equity

A growing concern is that the current MDGs are equity-blind: the focus on global aggregates and 'one-size-fits-all' global targets has allowed some states to meet their MDG targets without addressing the needs of the poorest and most vulnerable. The current MDGs ignore inequalities in access to health services, both financial and physical, and many of the world's poorest and most vulnerable children have not benefited from the development gains of the past decade.

Further, health inequities have increased both between and within countries. In low-income countries, children born in the poorest 20 per cent of households are almost twice as likely to die before age 5 as their counterparts in the wealthiest 20 per cent of households.[9] Poverty is not the only underlying factor in these health inequities: children born in rural areas are at a greater risk of dying compared to children in urban areas and the under-5 mortality rate for children born to mothers with no education is almost three times higher than for children whose mothers have secondary education.

Scaling up proven, cost-effective interventions can have a dramatic impact on maternal and child mortality, but these interventions need to be supported by equitable access to quality health services. The recent *Lancet* series on equity in child survival, health and nutrition[10] has added to the growing emphasis behind an equity-focused approach, targeting children most in need, that holds the key to accelerating global efforts to reduce child deaths. A number of global health stakeholders, including UNICEF, have articulated the need to move beyond current proportional reduction targets for child mortality towards a goal of ending preventable child deaths.

Financing for health

In many countries, investment levels in health are neither sufficient, efficient nor equitable. More than a billion people cannot access the health services they need either because the services are unavailable or the people cannot afford to use them.[11] Out-of-pocket payment, including user fees, is still dominant worldwide. In India, patient fees account for more than 60 per cent of health expenditure.[12] User fees levied at the time when people most need services not only inhibit the poor and disadvantaged from seeking health care, but are also a major cause of impoverishment for

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many who obtain it. Every year, 150 million people face severe financial hardship and 100 million are pushed below the poverty line because they fall ill, use health services and pay out-of-pocket.[13]

For most countries with the greatest burden of maternal, newborn and child deaths, over 40 per cent of health financing is directly out of patients' pockets. Despite commitments such as the 2001 Abuja Declaration to allocate 15 per cent of the government budget to health, very few governments in Africa are allocating above 10 per cent to health.[14] A clear financing framework for health must be a feature of any future health-related goal: the post-2015 development framework will need to address how increased domestic financing for health can be secured, delivered and used more effectively. Official development assistance for maternal, newborn and child health has increased steadily over the past decade, but recent data suggest that the rate of increase is levelling off and no major increases in donor funding are expected for global health in coming years – conversely, it is predicted to fall.

Although the world is still a long way from ensuring that all people, particularly in the poorest communities, have timely access to health services and care, an increasing number of countries are focusing on attaining Universal Health Coverage. This was defined by the 58th session of the World Health Assembly in 2005 as 'access to key promotive, preventive, curative and rehabilitative health interventions for all at an affordable cost', and member states committed to develop their financing systems to achieve universal coverage.[15] Universal Health Coverage can be achieved in many different ways, but disagreements about the diversity of approaches threaten to obscure the collective goal of making health care accessible to all.

Fragile contexts

Fragile contexts have seen least progress and in some cases have even seen increases in child and maternal mortality over the past two decades. At current rates of progress**, no fragile state will meet a single MDG**. A disproportionate number of the world's poor live in the 45 countries identified as fragile by the OECD,[16] and up to one half of all global infant deaths occur in fragile states. The burden of mortality among women and children in fragile states is large. A child born

Up to one half of all global infant deaths occur in fragile states.

in a fragile state is twice as likely to die before age 5 as a child born in a more stable low-income country, and five times more likely to die before age 5 as a child in a middle-income country. It is well recognised that a package of evidence-based, high-impact, cost-effective interventions delivered at different levels of the household-to-facility continuum of care can dramatically reduce child and maternal deaths.[17]

However, the impact of fragility in many states or sub-national regions has led to a near or total collapse of health systems and the health services that should deliver this package of interventions – particularly for poor, vulnerable and marginalised children and their families.

Nutrition

Malnutrition in all forms is a major contributor to illness and preventable deaths for women and children. Child and maternal undernutrition accounts for 11 per cent of the global burden of disease, as well as one-third and one-fifth of child and maternal deaths respectively. Overnutrition, leading to overweight and obesity, is increasing rapidly among low- and middle-income countries, increasing the prevalence of chronic non-communicable diseases and associated health care costs.

The fact that nutrition was poorly represented in the current MDGs has been quite widely recognised, including by the UN System Task Team on the Post-2015 UN Development Agenda in their June 2012 report to the Secretary-General,[18] yet evidence is clearer than ever that the health of children, families, communities and societies is closely linked to nutritional status. Good nutrition in the 1,000 days between pregnancy and a child's second birthday is vital preparation for a healthy adult life with maximum learning and earning potential and a greatly reduced risk of illnesses such as diabetes and heart disease.

Recent increased international attention on the long-overlooked crisis of undernutrition is particularly welcome. World Vision has been a keen supporter of the Scaling Up Nutrition (SUN) movement, a global movement which unites governments, civil society, businesses and citizens in a worldwide effort to end undernutrition, since its launch in 2010. At the 65th World Health Assembly in May 2012, representatives from 194 member states endorsed a comprehensive implementation plan on maternal, infant and young child nutrition[19] which sets out six global targets to improve nutrition to be achieved by 2025, including a 40 per cent reduction in the number of stunted children worldwide. Shortly after this, the UN Secretary-General launched his Zero Hunger Challenge, encouraging all partners to scale up their efforts to end hunger, with a specific target of having 'zero stunted children less than 2 years old'. Significant reductions in child stunting must be highlighted as a critical outcome for the post-2015 development framework but will be achieved only with combined efforts from the health, food security, agriculture, sanitation and education sectors.

Accountability

Accountability means holding governments and donors to account for pledges they have made to improve maternal and child health, including the MDG targets and also specific commitments made more recently as part of the UN Secretary-General's Global Strategy for Women's and Children's Health.[20]

For World Vision, accountability spans the local to global levels and includes engaging citizens in the planning, monitoring and review of health services that impact their lives. At local level, social accountability models such as World Vision's Citizen Voice and Action approach offer a good opportunity to include women and children in the implementation and monitoring of health services in their communities. The relevance of the services to their daily lives, as well as the use of a simple set of tools, makes participation in the design, implementation and quality of these essential services accessible. World Vision has found that as essential services improve, so does the relationship between the government and its citizens. Accountability encourages good performance; trust unites duty bearers and rights holders; transparency guides decision-making. This transformation strengthens local-level health systems, resulting in improvements to maternal and child health. A recent randomised control

A women's group in Tiraque ADP, Bolivia, meets to learn about child nutrition and breast feeding. Jon Warren/World Vision

trial of community-based monitoring in Uganda, similar to World Vision's Citizen Voice and Action approach, showed that a reduction in child mortality of 30 per cent was possible through social accountability without the injection of significant new resources.[21]

Recent efforts to improve accountability include the UN Commission on Information and Accountability for Women's and Children's Health. Convened in 2011 to develop a process to ensure improved national and global reporting, oversight and accountability for women's and children health, the Commission delivered a report outlining ten ambitious recommendations to fast track urgent action needed to meet MDGs 4 and 5.[22]

These recommendations covered three broad categories: better information for better results, better tracking of resources, and better oversight of results and resources nationally and globally. Although efforts to implement the detailed recommendations of the Commission initially have been seen as critical to accelerating progress towards MDGs 4 and 5, there is also a long-term foundation being developed to ensure greater accountability for health that can be of significant benefit for the post-2015 development framework. For example, improvements to vital registration and health information systems in low-income, high-child-and-maternal-mortality countries will be of critical importance to the measurement of any new health goal but will also require further attention and investment beyond the timeframe of the current MDGs.

New and emerging challenges

- **About three million children under 5 die each year due to largely preventable environment-related causes, to which climate change is now a major contributor.[23] The direct impacts on health caused by weather extremes such as heat waves, floods, cyclones, storm surges and drought are occurring at a frequency never before witnessed. Three of the main childhood killers – malaria, diarrhoea and undernutrition – are highly sensitive to climatic conditions and changes.**
- **Non-communicable diseases (NCDs) such as heart disease and cancer now account for 60 per cent (35 million) of global deaths.[24] The largest burden occurs in low- and middle-income countries, making NCDs an urgent development issue. NCDs will be the leading global cause of disability by 2030, but are not addressed by the current MDGs. A life-cycle approach to NCD prevention is necessary: there is now strong evidence of the importance of good maternal health (both pre-conception and during pregnancy), healthy birth weight of babies, and breastfeeding to reduce the future risk of children developing NCDs as adults.**

Conclusion and recommendations

The inextricable links between good health and the pillars of sustainable development – environmental sustainability, social outcomes, and economic progress – are well known. While it is not currently clear if or how the post-2015 and sustainable development goal agendas will come together, both should seek to articulate a vision for current and future generations of children that rests on the core values of human rights, equality and sustainability. Health and sustainable development rely on reducing preventable deaths, improving living conditions, providing adequate nutritious food and ensuring universal access to quality health services for the world's most vulnerable children, their families and communities, including those in fragile contexts.

World Vision believes that the following are critical elements of the post-2015 development framework to improve the health and well-being of the poorest and most vulnerable children:

- Build on the vital unmet commitments to improving maternal, newborn and child health within the current MDGs by setting an ambitious goal to end preventable child deaths within the post-2015 development framework timeline.
- Measure any new health goal by its impact on the poorest and most vulnerable populations, not simply by national averages.
- Promote a broader definition of health that explicitly includes the social determinants of water and hygiene, sanitation, nutrition and education.
- Establish the universal provision of quality, accessible and affordable health care as part of any new health goal, with a specific focus on the particular challenges in fragile contexts.
- Ensure stronger links between health and nutrition, and support the call for a goal to reduce child stunting that can be achieved only by working together across sectors.
- Enhance accountability by incorporating the involvement of citizens in the planning, monitoring and review of progress of any new health goal at the local, national and global levels.

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